



Medical Release Form 2011-2012

Please read over each bulleted item and sign only the items that pertain to your child.

Student Full Name: _____
(Please Print)

Student Grade: _____

- I hereby request and authorize the Administrative Staff at SMC to **dispense Tylenol / Ibuprofen (or a similar product) to my child at his/her request.**

Parent Signature: _____

- I hereby request and authorize my son / daughter to carry his / her **prescription inhaler** on his / her person at all times.

Parent Signature: _____

Authorization For Medical Treatment

- **I hereby authorize the treatment, administration of anesthesia or surgical treatment for my minor son / daughter in the event of a medical situation occurring during my absence or when the hospital or physician(s) are unable to contact me.** This authorization extends to any hospital, physician(s), and nursing personnel within the physician's staff. I release from medical responsibility and liability the hospital, physician(s), and nursing personnel for performing medical procedures acting on the authority of this medical treatment consent form which such medical providers deem necessary for my minor child.

Parent Signature: _____

This release is valid from August 30th, 2011 through June 5th, 2012

PDB:jmt